Book Reviews.

PHILADELPHIA HOSPITAL REPORTS, Vol. II.

This volume of reports contains forty-three articles embodying some of the work done in the hospitals, almshouses, etc., under the control of the department of charities and correction. There are a number of fine illustrations, including an excellent portrait of the late Dr. David Hayes Agnew, whose contributions to surgery are too well known to necessitate more than simple mention. Among the many contributors may be mentioned, White, Horwit, Parvin, Mills, Dercum, Sinkler, Lloyd. Hughes, De Schweinitz, and many others. Naturally, that portion of the books devoted to nervous affections is of the most interest to the neurologist, and we therefore give below a brief résumé of such of the more important neurological papers which find a place here.

DISORDERS OF PANTOMIME OCCURRING AMONG APHASICS, STUDIED WITH PARTICULAR REFERENCE TO THEIR MEDICO-LEGAL BEARING. BY CHARLES K. MILLS, M.D.

Amimia and paramimia are expressions which bear the same relation to pantomine that aphasia, paraphasia, paralexia, etc., bear to speech. As in aphasia, there are two varieties of pantomimic disturbances, namely, a sensory or receptive, and a motor or emissive amimia. A study of the disturbances of pantomime may aid in the diagnosis and may decidedly affect decision in medico-legal cases.

Nine cases of aphasia or pseudo-aphasia studied with reference to pantomime, gave the following results: In one case of brachio crural monoplegia, almost complete motor aphasia with marked preservation of pantomime were present; in a hemiplegic with word-blindness, verbal amnesia, and motor aphasia, there were marked sensori motor disturbances of pantomime; in a third case, of right hemiplegia and nearly complete motor aphasia, the pantomime was varied and uncertain; a fourth case of right hemiplegia with complete aphasia of the mixed type, showed almost complete amimia; a fifth case of right hemiplegia, with almost total sensori-motor aphasia, exhibited energetic emotional gesticulation. In a sixth case of marked hemiplegia with motor aphasia and anarthria, only a slight degree of loss of pantomime was shown; case seven, which was one of right-sided pseudo-bulbar paralysis with anarthria, exhibited also full preservation of pantomime. Case eight was an example of right-sided pseudo-bulbar paralysis, with anarthria, and full preservation of pantomime. The ninth and last case was one of double hemiplegia with absolute abolition of speech and pantomine.

The study of pantomime may become an important diagnostic aid in fixing subcortical lesions. Some of the cases showed that when the lesion was entirely in the straits between the ganglia, the corona radiata escaping, pantomime was either not lost or soon entirely regained.

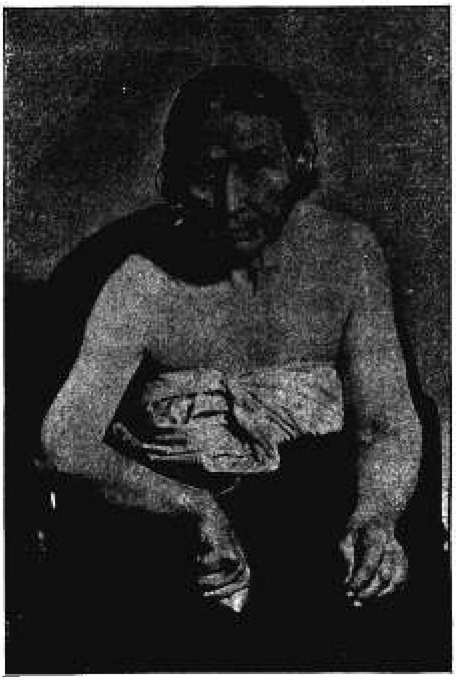

FIG. 1.

Aphasia and hemiplegia with unreliable pantomime.

The accompanying illustration is that of a right hemiplegic, with nearly complete aphasia, chiefly of the motor type, and with varying conditions of pantomime. She showed a curious confusion, both of speech and pantomime. She assented by " yes " and dissented by "no," oftener than not correctly ; nevertheless her "yes" and "no" could not by any means be relied on. She used sometimes one for the other, and never corrected herself. While apparently answering properly to some easily understood query, in other cases her assent or dissent by speech was foolish or absurd. When asked, for example, if her name was Smith, she answered, "Yes ;" Brown ? "Yes ;" Jones? "Yes," etc. Her pantomime was much affected and of a confusing variety. Now and then, she evidently nodded "yes" when she meant "no," and this pantomime, like her speech, was never corrected spontaneously. She never used or could be induced to use her unparalyzed hand and arm to enforce anything she said.

A CASE OF HEMIPLEGIA ASSOCIATED WITH ATROPHY OF THE MUSCLES OF THE PARALYZED SIDE, AND ALSO WITH A PARTIAL MOTOR APHASIA, THE PATIENT HAVING A GOOD MEMORY FOR SUBSTANTIVES, BUT AN ABSOLUTE LOSS OF ALL OTHER PARTS OF SPEECH. BY F. X. DERCUM.

R. J. H., male; aged forty; married; Scotch: engineer.

His family history is negative. He has used alcohol moderately and has been infected with syphilis. Eight months prior to his admission to the Philadelphia Hospital, be began to lose power in the right arm and leg. A few days later he had an apoplectic stroke with loss of consciousness. The next day he realized that he had lost absolutely the use of the right arm and leg. He was also completely aphasic. The paralyzed side never regained any power. After several months, he recovered a little of the power of speech, which has slightly improved up to the present time. He also had alexia which persisted for about eight months.

The examination of the patient revealed the following main facts: Marked hemiplegia of the right side, involving also slightly the lower third of right face; contractures; atrophy of the muscles of hand, forearm, arm, and shoulder. Marked tendon reflex excitability; right thigh, 14½ inches; left thigh 15¼ inches; right calf 11 inches, left calf 11½ inches. The atrophy of the limbs is well shown in the annexed figure.

There is no anæsthesia or loss of temperature sense; in the right hand, however, the patient makes constant errors of location; no eye symptoms.

His aphasia presents the following peculiarity: When asked to detail the history of his early life, he simply strings together a number of substantives, such as "school, marbles, farm, errands, engineer, Glasgow, Philadelphia." He is apparently unable to recollect any other parts of speech, with the rare exception of the words "was" and "make." Has neither ataxia nor word-deafness. Some degree of alexia. Is able, however, to readily read the substantives. Can write substantives with the left hand but no other parts of speech.

Dercum's explanation for this peculiar form of aphasia is as follows: It is not improbable that in the anterior portion of the third frontal convolution we have situated the memory for nouns. May it not be in this case an embolus occluded all the branches of the middle cerebral artery supplying the motor area, and also the posterior portion of the third frontal convolution, while the anterior portion escaped?